

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. APPLICANT(S)	FILING DATE
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38	/							
39		/						
40		/						
41		/						
42		/						
43		/						
44	/							
45		/						
46		/						
47		/						
48		/						
49	/							
50		/						
51		/						
52		/						
53		/						
54		/						
55	/							
56		/						
57		/						
58		/						
59		/						
60		/						
61		/						
62		/						
63		/						
64		/						
65		/						
66		/						
67		/						
68		/						
69		/						
70		/						
71		/						
72		/						
73		/						
74		/						
75		/						
76		/						
77		/						
78		/						
79		/						
80		/						
81		/						
82		/						
83		/						
84		/						
85		/						
86		/						
87		/						
88		/						
89		/						
90		/						
91		/						
92		/						
93		/						
94		/						
95		/						
96		/						
97		/						
98		/						
99		/						
100		/						
TOTAL IND.	4							
TOTAL DEP.	51							
TOTAL CLAIMS	35							